Page 1

ECC For	m 481 - Carrier Annual Reporting		FCCF	orm 481		Page 1
	Data Collection Form		OMB o	A SALES OF THE SAL	86/OMB Control No. 3060-0819	
<010>	Study Area Code	310735				
<015>	Study Area Name	WESTPHALIA TEL CO	10-10-0			
<020>	Program Year	2016				achected
<030>	Contact Name: Person USAC should contact with questions about this data	Tina Wieber	119		Received & 1	Ispecio
<035>	Contact Telephone Number: Number of the person identified in data line <030>	5176797544 ext.			JUN 29 FCC Mai	2015
<039>	Contact Email Address: Email of the person identified in data line <030>	twieber@comlink.net	2		FCC Mai	Room
ANNUA	L REPORTING FOR ALL CARRIERS			STATES	54.313 54.422 Completion Completion Required Required (check box when complete)	
<100>	Service Quality Improvement Reporting		(complete attached worksheet)	, [1 11111	
	Outage Reporting (voice)		(complete attached worksheet)	, [1 1	
<210> <300>	Unfulfilled Service Requests (voice)	outages to report		, [1 11111	
<310>	Detail on Attempts (voice)			Ĩ		
			(att	tach descriptive docu	ument)	
		=				
<320>	Unfulfilled Service Requests (broadband)			U g		
<330>	Detail on Attempts (broadband)		(0	nttach descriptive doc	cument)	
<400>	Number of Complaints per 1,000 customers (voice)					
<410> <420>	Fixed 0.0 Mobile 0.0	_			1 1	
<430>	Number of Complaints per 1,000 customers (broads	pand)				
<440> <450>	Fixed 0.0 Mobile 0.0				NEELEN.	
<500>	Service Quality Standards & Consumer Protection R	ules Compliance	(check to indicate certification	n)	✓ ✓	
<510>	3-0-3-mazzv.pur		(attached descriptive docum	ment)		
<600>	The state of the s		(check to indicate certification	n)	/ /	
	310735mi610.pdf		(attached descriptive documen	nt)	7 7	
<610>			10 S		77	
<700>	Company Price Offerings (voice)		(complete attached worksheet	t)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
<710>	Company Price Offerings (broadband)		(complete attached worksheet	rt)		
<800>	Operating Companies and Affiliates Tribal Land Offerings (Y/N)?	116.	(complete attached worksheet		V CHIEFE	
	Voice Services Rate Comparability Certification		ves, complete attached worksheet	" [
	310735mi1010.pdf	-	7			
<1010>			(attach descriptive document	t) [1 Milli	
<1100>	Certify whether terrestrial backhaul options exist (res or No) O	(if not, check to indicate cert	tification)	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
<1110> <1200>	Terms and Condition for Lifeline Customers		(complete attached workshee	II. II		£)
	Price Cap Carriers, Proceed to Price Cap Additional	Documentation Works	(complete attached workshee		1111111	
	Including Rate-of-Return Carriers affiliated with Pri	N 40 00 1 0000 At 1		-		
<2000> <2005>	and product Table 1997 (Table 1997)		(check to indicate certification (complete attached worksheet	75	111111	
>2000-	Rate of Return Carriers, Proceed to ROR Additional	2 1		. 1	/	
<3000> <3005>	No. of Copi	es rec'd_()+	(check to Indicate certification (complete attached worksheet		1 1 1 1 1 1 1 1 1	
	FIST ADODE		_ IIIII = 1 II		329 3	

<010> Study Area Code <015> Study Area Name <020- Program Year <2016 <2030- Contact Name - Person USAC should contact regarding this data <035- Contact Telephone Number - Number of person identified in data line <030> <2039- Contact Ernall Address - Email Address of person identified in data line <030> <110- Has your company received its ETC certification from the FCC? (yes / no) If your answer to Line <110- is yes, do you have an existing \$54.202(a) "5 <111> year plan" filed with the FCC? If your answer to Line <111> is yes, then you are required to file a progress report, on line <112- delineating the status of your company's existing \$54.202(a) "5 <54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. <112- Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service. Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to \$54.202(a). The information shall be submitted at the wire center level or census block as appropriate. <113- Maps detailing progress towards meeting plan targets Yes	Control No. 3060-0819
<020> Program Year <030> Contact Name - Person USAC should contact regarding this data Tima Wieber <035> Contact Telephone Number - Number of person identified in data line <030> <039> Contact Email Address - Email Address of person identified in data line <030> twieber*comlink.net <110> Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing \$54.202(a) "5 year plan" filed with the FCC? If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing \$54.202(a) "5 \$54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service. Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	
<030> Contact Name - Person USAC should contact regarding this data <035> Contact Telephone Number - Number of person identified in data line <030> <039> Contact Email Address - Email Address of person identified in data line <030> <110> Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing \$54.202(a) "5 year plan" filed with the FCC? If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing \$54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service. Name of Attached Document Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	
<035> Contact Telephone Number - Number of person identified in data line <030> \$176797544 ext. <039> Contact Email Address - Email Address of person identified in data line <030> twieberacomlink.net <110> Has your company received its ETC certification from the FCC? [yes / no] (yes / no) (yes / no	
Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> twieber@comlink.net (yes / no) (yes /	
Has your company received its ETC certification from the FCC? (yes / no) O	
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If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service. Name of Attached Document Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	
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Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	
<113> Mans detailing progress towards meeting plan targets Yes	
1770. Highs acround brothess to use as incernit brothess.	
<114> Report how much universal service (USF) support was received Yes	
<115> How much (USF) was used to improve service quality and how support was used to improve service quality Yes	
<116> How much (USF) was used to improve service coverage and how support was used to improve service coverage Yes	
<117> How much (USF) was used to improve service capacity and how support was used to improve service capacity Yes	
<118> Provide an explanation of network improvement targets not met in the prior calendar year. Not Applicable	

(200) Service Outage Reporting (Voice) Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	310735	
<015>	Study Area Name	WESTPHALIA TEL CO	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Tina Wieber	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5176797544 ext.	200000000000000000000000000000000000000
<039>	Contact Email Address - Email Address of person identified in data line <030>	twieber@comlink.net	

<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
 NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventativ Procedures
						-	261 25 SHOWN - 12				
											-
- 2-1-11											

(700) Price Offerings including Voice Rate Data Data Collection Form OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	310735
<015>	Study Area Name	WESTPHALIA TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Tina Wieber
<035>	Contact Telephone Number - Number of person identified in data line <030>	5176797544 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	twieber@comlink.net

<701>	Residential Local Service Charge Effective Date	1/1/2015
<702>	Single State-wide Residential Local Service Charge	22.82

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>		<b3></b3>	 //>	<bs></bs> <bs></bs> <bs></bs> <bs></bs> <br< th=""><th><0</th></br<>	<0
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fe
						2 2 13	<u> </u>	
			MIN - 1					
				See a	tached worksheet		<u> </u>	
							9 10000	
			18-851				1	
1-112-1			740					
			-					
			in the same				- 1.F. A. F. F. 19 (1) (1)	
				W-12				

(710) Broadband Price Offerings Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	310735
<015>	Study Area Name	WESTPHALIA TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Tina Wieber
<035>	Contact Telephone Number - Number of person identified in data line <030>	5176797544 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	twieber@comlink.net

<711>	<a1> **</a1>	<a2></a2>	 	<b2></b2>	<c></c>	<d15< th=""><th><d2></d2></th><th><d3></d3></th><th><d4></d4></th></d15<>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select
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						***************************************		,,,,,,	
				1550		Maria de la compansión			
				- See attac worksheet -	hed	e e			
				WOIKSHEEL -					
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-					WAY TRAINER.				
		INVALLED OF DEPARTS							
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The water	erating Companies		The second secon	FCG Form 481	
ata Coll	ection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
	STATE NEW YORK OF CHILDREN				
<010>	Study Area Code		310735		
<015>	Study Area Name		WESTPHALIA TEL CO		
<020>	Program Year		2016		
<030>	Contact Name - Person	USAC should contact regarding this data	Tina Wieber	1.	
<035>	Contact Telephone Nun	nber - Number of person identified in data line <030>	5176797544 ext.		
<039>	Contact Email Address	Email Address of person identified in data line <030>	twieber@comlink.net	M-100-100-100-100-100-100-100-100-100-10	
<810>	Reporting Carrier	Westphalia Telephone Co			
<811>	Holding Company	Clinton County Telephone Company		- 100 S 100 CON EXAMPLES	
<812>	Operating Company	n/a		<u> </u>	

3> <al></al>	<a2></a2>	<a3></a3>
Affiliates	SAC	Doing Business As Company or Brand Designation
		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
See at	tached worksh	eet
		A DESCRIPTION OF THE PROPERTY

(900) Tril	pal Lands Reporting			FCC Form 481	THEFT
Data Coll	ection Form.			OMB Control No. 3060-0986/OMB Control No.	3060-0819
Z. 5.				July 2013	
	1.1.1.1.1.1.1				
<010>	Study Area Code		310735		
<015>	Study Area Name		WESTPHALIA TEL CO		
<020>	Program Year Contact Name - Person USAC should contact regarding this data		Z016 Tina Wieber		
<035>	Contact Telephone Number - Number of person identified in data line <	030>	5176797544 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <		twieber@comlink.net		
<910>	Tribal Land(s) on which ETC Serves				
<920>	Tribal Government Engagement Obligation		Name of Att	ached Document	
to confir demons	ompany serves Tribal lands, please select (Yes,No, NA) for each these boxes in the status described on the attached document(s), on line 920, trates coordination with the Tribal government pursuant to s(a)(9) includes:	Yes	elect or No or Applicable		
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.				
<922>	Feasibility and sustainability planning;		Ly Provided Little Decreases and an investment		
<923>	Marketing services in a culturally sensitive manner;				
<924>	Compliance with Rights of way processes				
<925>	Compliance with Land Use permitting requirements				
<926>	Compliance with Facilities Siting rules				
<927>	Compliance with Environmental Review processes	9 84587/189489			
<928>	Compliance with Cultural Preservation review processes				
<929>	Compliance with Tribal Business and Licensing requirements.				

The second second second	o Terrestrial Backhaul Reporting lection Form	PCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	310735
<015> <020>	Study Area Name Program Year	WESTPHALIA TEL CO
<030>	Contact Name - Person USAC should contact regarding this data	Tina Wieber
<035>	Contact Telephone Number - Number of person identified in data line <030>	5176797544 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	twieber@comlink.net
<1120>	Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).	
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps

(1200) Te	erms and Condition for Lifeline Customers	THE REPORT OF THE PARTY.	FCC Form 481
Lifeline		4-12-2	OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Coll	ection Form		July 2013
			The state of the s
<010>	Study Area Code	310735	
<015>	Study Area Name	WESTPHALIA TEL CO	No. of the Control of
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Tina Wieber	
<035>	Contact Telephone Number - Number of person identified in data line <030		TO THE RESERVE TO THE
<039>	Contact Email Address - Email Address of person identified in data line <030	> twieber@comlink.net	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		Name of Attached Document
			Name of Attached Document
<1220>	Link to Public Website HTTP	http://telecommich.org/lifeline/	
	-		
or the we	neck these boxes below to confirm that the attached document(s), on line 1210, bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report:		
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,		
<1222>	Details on the number of minutes provided as part of the plan,		
<1223>	Additional charges for toll calls, and rates for each such plan.		

Data Colle	ce Cap Carrier Additional Documentation ection Form Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	a de mila			PCC Form 481 OMB Control No. 3060 July 2013	-0986/OMB Control No. 3060-0819
	and the second s					
	Study Area Code	310735				
	Study Area Name					110 mm Waller
	Program Year	WESTPHALIA TEL CO	312395		4.00	
	Contact Name - Person USAC should contact regarding this data	2016 Tina Wieber				The state of
	Contact Telephone Number - Number of person identified in data line <030>	5176797544 PX				- Carlo
<039>	Contact Email Address - Email Address of person identified in data line <030>	twieber@comlink.net		<u></u>		X AE
	appropriate responses below (Yes, No, Not Applicable) to note compliance as					ort to offset access charge reductions,
	Incremental Connect America Phase I reporting					
<2010>	2nd Year Certification {47 CFR § 54.313(b)(1)i}					
<2011a>	3rd Year Certification (47 CFR § 54.313(b)(1)ii)		and the second s			
<2011b>	Attachment {47 CFR § 54.313(b)(1)ii}			* * * * * * * * * * * * * * * * * * * *		
		,	Name of Attached Docum	ent(s) Listing Required Inf	ormation	
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))					
<2012>						
<2013>	2014 Frozen Support Calculation (47 CFR § 54.313(c)(2))		(2)(11)			
<2014>	2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}				i	
<2015>	2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4))				1	
	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))		_			
<2016>	Certification Support Used to Build Broadband				l	
<2017> <2018> <2019>	Connect America Phase II Reporting {47 CFR § 54.313(e)} 3rd year Broadband Service Certification Sth year Broadband Service Certification Interim Progress Certification]]]	
<2020>	Please check the box to confirm that the attached document(s), on lin pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support sl addresses of community anchor institutions to which began providing preceding calendar year.	nall provide the number, na	ames, and L	26]	
<2021>	Interim Progress Community Anchor Institutions					

State Collection Carrier Additional Decumentation State Collection Form Co	Via Company	Company of the second s	The second secon	The second secon
d010 Study Area Code 310.735 d010 Study Area Stansa 98.751 MILITARY 751. CO d010 Contact Name Preson USIC Should context regarding this data 91.751 MILITARY 751. CO d010 Contact Telephone Number - Number of person Settled in data line 4010 study have been settled in data line 4010 study have settled and defers. Includes of person settled in data line 4010 study have settled and line 4010 study have settled in data line 4010 study have settled settled in data line 4010 study have settled in data line 4010 study have settled below to note compliance with the financial reporting requirements set forth in 47 or Regress Report on 5 Vera Plan Militation of CRT 85 4.3316(1)(1)(1) Progress Report on 5 Vera Plan Militation of CRT 85 5.4.3316(1)(1)(1) Name of Attached Document Listing Required Information Providing access to broadband service in the preceding calendar year. 1011	(3000) R	ate Of Return Carrier Additional Documentation		FCC Form 481
Contract Name - Present USAC South Area Kanna	Data Col	ection Form	And the second s	OMB Control No. 3060-0986/OMB Control No. 3050-0819
Study Area Name Person USAC should contact regarding this data 2014				July 2013
Study Area Name Person USAC should contact regarding this data 2014				
Program Year Prog				NIII
Contact Name - Person USAC: About contact regarding this data				
CHECK the boxes below to note compliance on list five year service quality plan (pursuant to 2 TCR § 54.313(f)(2). If further certify that the landmark properties of this form and in the documents attached below is accurrate. 30:10 Progress Report on 5 Year Plan				51 000 - 12 - 22 Martin
CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.32(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(p(12). I further certify that the information reported on this form and in the documents attached below is accurate. [3010] Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to \$ 54.313 (p(1)) (p), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing stoces to broadband service in the preceding calendar year. [3012] Security of the carrier shall provide the preceding calendar year. [3013] Is your company a Privately Held RDR Carrier (47 CFR § 54.313(p(12)) [1986] Name of Attached Document Listing Required Information pursuant to \$ 54.313(p(12)) [1986] Check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to \$ 54.313(p(2)) compliance requires: [3015] Is the response to the confirm that the attached document(s), on line 3017, contains the required information pursuant to \$ 54.313(p(2)) compliance requires: [3016] If the response is yes on line 3014, attach your company's RUS annual report and all required documentation becomes in the special provision of the special pr			5176797544 ext.	Section 19 Compared to the Compared Com
Solid Progress Report on S Year Plan Solid Solid Solid Milestone Certification (47 CFR § 54.313(f)(1)(6)) Name of Attached Document Listing Required Information Providing access to broadband service in the preceding calendar year.	<039>	Contact Email Address - Email Address of person identified in data line <030>	twieber@comlink.net	
Milestone Certification (47 CFR § 54.313(f)(1)(g)) Name of Attached Document Listing Required Information	CHECK t			
Required Information Progress Report on 5 Year Plan Milestone Cartification (47 CFR § 54.313(f)(1)(i)) Name of Attached Document Listing Required Information		CFR § 54.313(f)(2). I further certify that the		ed below is accurate.
Milestone Certification (47 CFR § 54.313(f)(1)(i)) Name of Attached Document Listing Required Information [3011] Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to [3012] Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii)) Name of Attached Document Listing Required Information [3013] Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) Name of Attached Document Listing Required Information [3014] If yes, does your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) Name of Attached Document Listing Required Information [3015] Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: [3015] Electronic copy of finer annual RUS reports (Operating Report for Telecommunications Borrowers) [3016] Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows [3017] If the response is yes on line 3014, its your company sudited? [3018] If the response is yes on line 3014, by your company audited? [3019] Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications [3019] Either a copy of their audited financial statement or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications [3010] Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows [3011] If the response is no no line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains [3012] Occument(s) for Balance Sheet, Income Statement and Statement of Cash Flows [3013] Occument(s) for Balance Sheet, Income Statement and Statement of Cash Flows [3014] If the response is no no line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to			310735mi3010.pdf	
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Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to providing access to broadband service in the preceding celeridar year. Solid Square company a Privately Held ROR Carrier (47 CFR § 54.313(f)(1)(ii)) Name of Attached Document Listing Required Information (Yes/No) Order	(3010)			
\$4.313 (f)(1)(f), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. [3012] Community Anchor institutions (47 CFR § 54.313(f)(1)(iii)) [3013] Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) [3014] If yes, does your company file the RUS annual report [3015] Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) [3016] Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows [3017] If the response is yes on line 3014, attach your company's RUS annual report and all required documentation [3018] If the response is yes on line 3014, by your company's RUS annual report and all required documentation [3019] Sealer a copy of their audited financial statement of (2) a financial report in a format comparable to RUS Operating Report for Telecommunications [3010] Obcument(s) for Balance Sheet, Income Statement and Statement of Cash Flows [3011] If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3028, pursuant to § 54.313(f)(2), contains [3012] Obcument(s) for Balance Sheet, Income Statement and Statement of Cash Flows [3013] If the response is no on line 3028, pursuant to § 54.313(f)(2), contains the response is no on line 3028, please check the boxes below to confirm your submission, on line 3028 pursuant to § 54.313(f)(2), contains: [3010] Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to retrified public accountant; or 2) a financial report in a independent certified public accountant; or 2) a financial report in a format comparable to retrified public accountant; or 2) a financial report in a format comparable to retrified public accountant; or 2) a financial report in a format comparable to retrified public accountant; or 2) a financial r			Name of Attached Document Listing Required Informa	tion
Gall Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii)) Name of Attached Document Listing Required Information (Yes/No) Gall (Yes/No) Gal		Please check this box to confirm that the attached document(s), on line 3	012 contains the required information pursuant to	_
Sourcompany a Privately Held ROR Carrier (47 CFR § 54.313(f)(1)(iii) Name of Attached Document Listing Required Information (Yes/No) Required Information (Yes/No) Report for Telecommunications Borrowers) Name of Attached Document Listing Required Information pursuant to § 54.313(f)(2) compliance requires: Source of their annual RUS reports (Operating Report for Telecommunications Borrowers) Name of Attached Document (s) for Balance Sheet, Income Statement and Statement of Cash Flows Name of Attached Document Listing Required Information pursuant to § 54.313(f)(2) compliance requires: Source of Attached Document (s) for Balance Sheet, Income Statement and Statement of Cash Flows Name of Attached Document Listing Required Information report and all required documentation Name of Attached Document Listing Required Information Name of Attached Document Name of Attached Documen		§ 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addre		
Name of Attached Document Listing Required Information (Yes/No) Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Section Se		providing access to broadband service in the preceding calendar year.		
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Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) (Yes/No) (Yes	(3012)	Community Anchor institutions (47 CFR 9 54.313(1)(1)(1))		
If yes, does your company file the RUS annual report (Yes/No)			Name of Attached Document Listing Required Information	
Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: [3015] Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) [3016] Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows [3017] If the response is yes on line 3014, attach your company's RUS annual report and all required documentation Name of Attached Document Listing Required Information [3018] If the response is no on line 3014, by your company audited? [3019] If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains [3010] Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows [3011] Management Letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit of the response is no on line 3026, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains [3022] Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a	(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	(Yes/No)	10
Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) Cash Flows Cash Flow	(3014)	If yes, does your company file the RUS annual report	(Yes/No))(()
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Rame of Attached Document Listing Required Information Name of Attached Document Listing Required Information (Yes/No) If the response is no on line 3014, Is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows (3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a	(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Cas	sh Flows	
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independent certified public accountant; or 2) a financial report in a		contains:		
	(3022)			
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Borrowers,		이 없었습니다. [1] 전 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
(3023) Underlying information subjected to a review by an independent certified	(3023)	Underlying information subjected to a review by an independent certified		<u></u>
public accountant	(2024)			
(3024) Underlying information subjected to an officer certification. (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows			sh Flows	<u> </u>
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(3026) Attach the worksheet listing required information	(3026)	Attach the worksheet listing required information		1
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Name of Attached Document Listing Required Information			Name of Attached Document Listing Required Information	

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<010>	Study Area Code	310735
<015>	Study Area Name	WESTPHALIA TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Tina Wieber
<035>	Contact Telephone Number - Number of person identified in data line <030>	5176797544 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	twieber@comlink.net

Financial Data Summary	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

· 在图像是否是是现代的	ion - Reporting Carrier ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	310735
<015>	Study Area Name	WESTPHALIA TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Tina Wieber
<035>	Contact Telephone Number - Number of person identified in data line <030>	5176797544 ext.

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

<039> Contact Email Address - Email Address of person identified in data line <030> twieber@comlink.net

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: WESTPHALIA TEL CO Signature of Authorized Officer: CERTIFIED ONLINE Date 06/26/2015 Printed name of Authorized Officer: David Fox Title or position of Authorized Officer: 5176797577 ext. Study Area Code of Reporting Carrier: 310735 Filing Due Date for this form: 07/01/2015 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

4401900525490355	ion - Agent / Carrier ection Form	FCC Form 481. OMB Control No. 3060-0986/OMB Control No. 3060-0818 July 2019
<010>	Study Area Code	310735
<015>	Study Area Name	WESTPHALIA TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Tina Wieber
<035>	Contact Telephone Number - Number of person identified in data line <030>	5176797544 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	twieber@comlink.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting carri
also certify that I am an officer of the reporting carrier; my agent; and, to the best of my knowledge, the reports and d	sibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorize ovided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent	Authorized to File Annual Reports for CAF or LI Recipien	ts on Behalf of Reporting Carrier
	orized to submit the annual reports for universal service support r reporting carrier; and, to the best of my knowledge, the information	
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent:		
litle or position of Authorized Agent or Employee of Agent		
elephone number of Authorized Agent or Employee of Ag	ent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	



(700) Price Offerings	including	Voice R	ate Dat
Data Collection Form			12

FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	310735
<015>	Study Area Name	WESTPHALIA TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Tina Wieber
<035>	Contact Telephone Number - Number of person identified in data line <030>	5176797544 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	twieber@comlink.net

<701> Residential Local Service Charge Effective Date

<702> Single State-wide Residential Local Service Charge

22.82

<703>

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State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fee
MI	Westphalia		FR	22.81	0.0	0.0	0.0	22.81
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<010>	Study Area Code	310735
<015>	Study Area Name	WESTPHALIA TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Tina Wieber
<035>	Contact Telephone Number - Number of person identified in data line <030>	5176797544 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	twieber@comlink.net

<a1></a1>	<a2></a2>	√ <b1></b1>	<b2></b2>	<c> <d1></d1></c>	<d2></d2>	<d3></d3>	700	* < < < < < < < < < < < < < < < < < < <
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service -Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select}
мі	Westphalia	29.95	0.0	29.95	3.0	0.512	250	Overage Charge
MI	Westphalia	34.95	0.0	34.95	5.0	1.0	250	Overage Charge
мі	Westphalia	44.95	0.0	44.95	8.0	1.0	250	Overage Charge
MI	Westphalia	49.95	0.0	49.95	10.0	1.0	250	Overage Charge
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								2 - 944 - 4 - 15

<010>	Study Area Code		310735
<015>	Study Area Name		WESTPHALIA TEL CO
<020>	Program Year	**************************************	2016
<030>	Contact Name - Person U	ISAC should contact regarding this data	Tina Wieber
<035>	Contact Telephone Numl	ber - Number of person identified in data line <030>	5176797544 ext.
<039>	Contact Email Address - I	Email Address of person identified in data line <030>	twieber@comlink.net
<810>	Reporting Carrier	Westphalia Telephone Co	
<811>	Holding Company	Clinton County Telephone Company	
<812>	Operating Company	n/a	

813> <a1> <a1> <a1> <a> <a> <a> <a> <a> <a> <a> <a> <a> <a< th=""><th><a2></a2></th><th><a3></a3></th></a<></a1></a1></a1>	<a2></a2>	<a3></a3>
Affiliates	SAC	Doing Business As Company or Brand Designation
Westphalia Broadband Inc	***************************************	Comlink
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ANAMASHI COLORS ACTOR ACT		
	 	

Progress Report - Five-Year Service Quality Plan - 47 C.F.R. § 54.313 (a)(1)

Westphalia Telephone Co (310735) submits its progress report on its five-year service quality plan pursuant to C.F.R. §54.313 (a)(1) that includes maps providing information regarding COMPANY's progress towards meeting its deployed targets, the amount of universal service received and is broken out separately by the amount spent on capital and operating expenses.

This progress report details how Westphalia Telephone Co continues to meet its broadband obligations within its service area, completes service requests within a reasonable amount of time and provides reliable state of the art telecommunications services within its study area that includes approximately 900 rural customers in one exchange. The projects listed within the progress report are designed to continue to provide improved service quality, improved service coverage, and improve service capacity within the wirecenter boundaries of Westphalia Telephone Co. In addition, this progress report provides sufficient data that details capital and operational expenditures, the amount of USF received allocated between capital and operational expenditures. All USF funds received and detailed within this progress report were used in accordance with federal rules and regulations towards improving service quality, service coverage, and service capacity.

Estimated

Voice Network Upgrades: 2015

Project Description	Area Served/Wire center	Estimated Start Date	Completion Date	Population Served
Upgrade peds and cabinets	Westphalia (310735)	Jan-15	Dec-19	150
Maintain network to preserve quality of service	Westphalia (310735)	Jan-15	Dec-19	1,100

Broadband Upgrades : 2015

	Area Served/Wire	Estimated	Completion	Population
Project Description	center	Start Date	Date	Served
Upgrade peds and cabinets	Westphalia (310735)	Jan-15	Dec-19	150
Maintain network to preserve quality of service	Westphalia (310735)	Jan-15	Dec-19	1,100

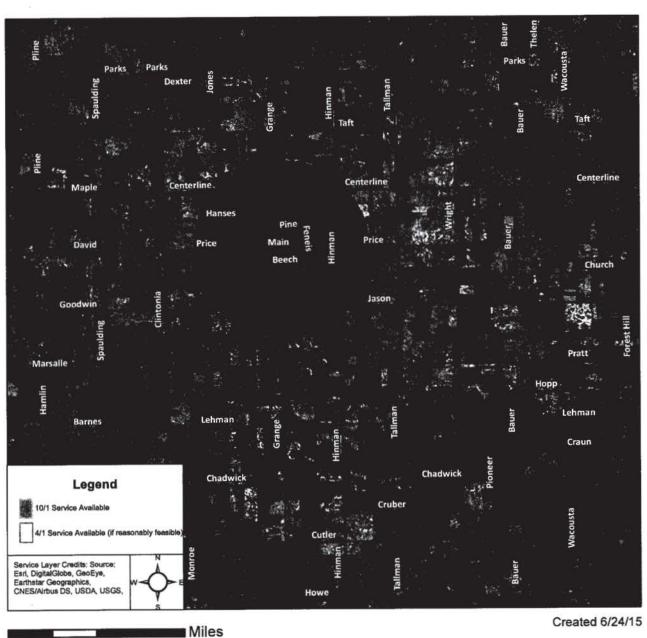
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2230 Central Office Transmission	16 6				
2410 Cable & Wire Facilities	10				
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Use 14/35 - 6/13	Ī	1		2018	2019		

Westphalia Telephone Co (310735)	i	2015	2016	2017	2018	2019
CapEx		2015	2016	2017	2010	2019
2110 Land & General Support			\$0	\$0	\$0	\$0
2210 Central Office Switching			\$0	\$0	\$0	\$0
2230 Central Office Transmission			\$0	\$0	\$0	\$0
2410 Cable & Wire Facilities			\$0	\$0	\$0	\$0
Total Capital Expenditures			\$0	\$0	\$0	\$0
OpEx	i					
Plant Specific		(\$0	\$0	\$0	\$0
Plant Nonspecific			\$0	\$0	\$0	\$0
Depreciation			\$0	\$0	\$0	\$0
Customer Operations			\$0	\$0	\$0	\$0
Corporate Operations			\$0	\$0	\$0	\$0
Total Operating Expenses			\$0	\$0	\$0	\$0
USF YTD (1/15 - 6/15)	1					
HCL	12		TBD	TBD	TBD	TBD
ICLS			TBD	TBD	TBD	TBD
SNA			TBD	TBD	TBD	TBD
ICC .			TBD	TBD	TBD	TBD
Total USF YTD			TBD	TBD	TBD	TBD
USF BreakOut	DI					
CapEx USF						
OpeEx USF						

Westphalia Telephone Company

10/1 Service and 4/1 Service



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Created 6/24/15

Westphalia Telephone Company is a subsidiary of Great Lakes Comnet, Inc. and as such is covered by the CPNI Manual and the Red Flag Manual of Great Lakes Comnet, Inc.

Customer Proprietary Network Information

Compliance Manual and Operating Procedures

for

Great Lakes Comnet, Inc.
And it's wholly owned Subsidiary
Comlink LLC

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